# DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline PROVIDER REFERENCE CARD

### **Key Elements**

## Identify if health concerns are related to deployment (first visit)

- ▶ Ask screening questions: Deployment related? Yes/No/Maybe.
- ► Establish partnership with patient (risk communication).
- ► Evaluate patient.
- ▶ Document post-deployment concern in chart and code ADS.
- ► After visit, research exposure/concern; consult <u>www.pdhealth.mil</u>.

## Triage patients and seek to reach a working diagnosis (follow-up visit)

- ▶ Perform evaluation of history, ancillary tests, assessments, records.
- ► Identify the type of patient's problem:
  - Asymptomatic with concern (algorithm box 9).
  - Unexplained symptoms (algorithm box 14).
  - Established diagnosis for the concern (algorithm box 29).

### Manage asymptomatic patients with health concerns

- ▶ Provide reassurance and education (risk communication).
- ▶ If concern persists, re-evaluate and consider consults.

#### Manage patients with established diagnosis

- ► Document diagnosis.
- ▶ Identify appropriate disease management guideline.
- ► Initiate appropriate treatment plan.
- ► Provide patient education.
- ► Collaborate with DHCC as indicated.
- ► Follow-up with patient per disease-specific guideline or as appropriate.

#### Manage patients with unexplained symptoms

- ► Re-evaluate data; consult with colleagues.
- ► Reinforce patient-clinician relationship.
- ▶ Provide information about unexplained symptoms.
- ▶ If acute or progressive symptoms, do additional ancillary studies.
- ► Consider specialty and/or second opinion consults and referrals.
- ► Consider collaboration with DHCC via phone, e-mail or www.
- ► Follow-up with patient as indicated.
- ► Monitor changes in status.